ARIZONA DEPARTMENT OF LIQUOR LICENSES & CONTROL

800 W Washington 5th Floor Phoenix AZ 85007-2934 (602) 542-5141

QUESTIONNAIRE

400 W Congress #521 Tucson AZ 85701-1352 (520) 628-6595

Attention all Local Governing Bodies: Social Security and Birthdate Information is Confidential. This information may be given to local law enforcement agencies for the purpose of background checks only but must be blocked to be unreadable prior to posting or any public view.

Read carefully. This instrument is a sworn document. Type or print with BLACK INK. An extensive investigation of your background will be conducted. False or incomplete answers could result in criminal prosecution and the denial or subsequent revocation of a license or permit.

TO BE COMPLETED BY EACH CONTROLLING PERSON, AGENT, OR MANAGER. EACH PERSON COMPLETING THIS FORM MUST SUBMIT AN "APPLICANT" TYPE FINGERPRINT CARD WHICH MAY BE OBTAINED AT DLLC. FINGERPRINTING MUST BE DONE BY A BONA FIDE LAW ENFORCEMENT AGENCY OR A FINGERPRINTING SERVICE APPROVED BY DLLC. THE DEPARTMENT DOES <u>NOT</u> PROVIDE THIS SERVICE.

Liquor License # Effective 10/01/07 there is a \$24.00 processing fee for each fingerprint card submitted. The fees allowed by A.R.S. § 44-6852 will be charged for all dishonored checks. (If the location is currently licensed) ☐ Controlling Person 1. Check Agent ■ Manager (Only) (Complete Questions 1-19) (Complete All Questions except # 14, 14a & 21) appropriate Controlling Person or Agent must complete #21 for a Manager Controlling Person or Agent must complete # 21 box — 2. Name: _ (NOT a Public Record) Last Middle 3 . Social Security Number: Drivers License #: (NOT a public record) (NOT a public record) 4 . Place of Birth: State City **Country** (not county) Daytime Contact Phone: () -5. Marital Status Single Married Divorced Widowed 6. Name of Current or Most Recent Spouse: Date of Birth: / / (List all for last 5 years - Use additional sheet if necessary) Last (NOT a public record) If Arizona, date of residency: ___ 7. You are a bona fide resident of what state? _____ 8 Telephone number to contact you during business hours for any questions regarding this document. () -9. If you have been an Arizona resident for less than three (3) months, submit a copy of your Arizona driver's license or voter registration card. 10. Name of Licensed Premises: Premises Phone: () 11. Physical Location of Licensed Premises Address: _ Street Address (Do not use PO Box #) Citv County 12. List your employment or type of business during the past five (5) years. If unemployed part of the time, list those dates. List most recent 1st. **EMPLOYER'S NAME OR NAME OF BUSINESS DESCRIBE POSITION FROM** TO **OR BUSINESS** (street address, city, state & zip) Month/Year Month/Year CURRENT ATTACH ADDITIONAL SHEET IF NECESSARY FOR EITHER SECTION A 13. Indicate your residence address for the last five (5) years: **RESIDENCE Street Address FROM** TΩ Rent or **Own** If rented, attach additional sheet with name, address and phone number of landlord Month/Year | Month/Year City State Zip CURRENT

| If you checked the Manager box on the front of this form skip | to # 15 | | |
|---|---|---|-------------------|
| 14. As a Controlling Person or Agent, will you be physically present and operating the licensed premises? If you answered YES, how many hrs/day?, and answer #14a below. If NO, skip to #15. 14a. Have you attended a DLLC-approved Liquor Law Training Course within the past 5 years? (Must provide proof) If the answer to # 14a is "NO", course must be completed before issuance of a new license or approval on an existing license. | | | ☐YES ☐NO |
| | | | □YES □NO |
| | | | |
| 15. Have you been convicted, fined, ordered to deposit bail, imprisoned, placed on probation or parole, | | tion or parole, | ☐ YES ☐ NO |
| had to post bond or had sentence suspended for any violation of <u>ANY</u> law or ordinance within the past ten (10) years (include only traffic violations that were alcohol and/or drug related)? | | | |
| 16. Are there <u>ANY</u> administrative law citations, compliance actions or consents, criminal arrest, indictments or summonses <u>PENDING</u> against you or <u>ANY</u> entity in which you are now involved? | | □YES □NO | |
| 17. Have you or any entity in which you have held ownership, been an officer, member, director or manager EVER had a business, professional or <u>liquor application or license rejected</u> , <u>denied</u> , <u>revoked</u> , <u>suspended or fined</u> in this or any other state? | | | □YES □NO |
| 18. Has anyone <u>EVER filed suit or obtained a judgment against you</u> , the subject of which involved <u>fraud or misrepresentation</u> ? | | | □YES □NO |
| 19. Are you <u>NOW</u> or have you <u>EVER</u> held <u>ownership</u> , been a <u>controlling person</u> , been an <u>officer</u> , <u>member</u> , <u>director</u> or <u>manager</u> on <u>any other liquor license</u> in this or any other state? | | | □YES □NO |
| If any answer to Questions 15 through 19 is "YE Give complete details including dates, ago SUBSTANTIVE CHANGES TO THIS AP | encies involved, and disp | ositions. | D |
| 20. I,, hereby d | leclare that I am the APP | LICANT/REPRESEN | I JTATIVE |
| (print full name of Applicant) | | | .,,,,,,, |
| filing this questionnaire. I have read this questionnaire and all st | tatements are true, corre | ct and complete. | |
| | | | |
| x | State of | County of | |
| (Signature of Applicant) | The foregoing instrument was acknowledged before me this day of , | | |
| | | Month | Year |
| My commission expires on: | | | |
| Day Month Year | (Signature of NOTARY PUBLIC) | | |
| | | | |
| COMPLETE THIS SECTION ONLY IF YOU AR | E A CONTROLLING | PERSON OR A | GENT |
| APPROVING A MANAG | | | |
| 21. The applicant hereby authorizes the person named on this | | | |
| TI 1 11 10 10 1 | questionnaire to act as m | anager for the name | d liquor license. |
| The manager named must be at least 21 years of age. | | | |
| The manager named must be at least 21 years of age. | State of | County of | |
| | State of The foregoing ins | County of trument was acknowledge | |
| X Signature of Controlling Person or Agent (circle one) | State of The foregoing ins | County of | |
| | State of The foregoing ins | County of trument was acknowledge Month | d before me this |
| | State of The foregoing ins | County of trument was acknowledge | d before me this |

Day

Month

Year